

General

Title

Bipolar disorder: the percentage of patients with bipolar disorder who receive an initial assessment that considers alcohol and chemical substance use.

Source(s)

STABLE (STAndards for BipoLar Excellence) performance measures. Boston (MA): Center for Quality Assessment and Improvement in Mental Health; 2007. various p.

Measure Domain

Primary Measure Domain

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of patients with bipolar disorder who receive an initial assessment that considers alcohol and chemical substance use. See the related National Quality Measures Clearinghouse (NQMC) summary of the STABLE Project National Coordinating Council measure [Depression: the percentage of patients diagnosed with unipolar depression who receive an initial assessment that considers alcohol and chemical substance use](#).

Rationale

Bipolar Disorder, Major Depression & Substance Use

Between 40-70% of people with bipolar disorder have a history of substance use disorder. A current or past comorbid substance use disorder may lead to worse outcomes for bipolar disorders, including more symptoms, more suicide attempts, longer episodes and lower quality of life. Substance abuse may obscure or exacerbate mood swings that have no other apparent external cause. Substance abuse may also precipitate mood episodes or be used by patients to self-treat in an attempt to improve the symptoms of episodes. Alcohol or chemical substance abuse or dependence is a frequent comorbidity of major depressive disorder and a detailed history of the patient's substance use should be obtained. Patients suffering from major depressive disorder with comorbid addiction are more likely to require hospitalization, more likely to attempt suicide and less likely to comply with treatment than are patients with these disorders of similar severity not complicated by these factors.

Primary Clinical Component

Bipolar disorder; alcohol/chemical substance use assessment

Denominator Description

Patients diagnosed with bipolar disorder (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

Patients who receive an initial assessment for bipolar disorder that includes consideration of alcohol/chemical substance use (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Evidence Supporting the Criterion of Quality

A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Evidence Supporting Need for the Measure

Need for the Measure

Unspecified

State of Use of the Measure

State of Use

Current routine use

Current Use

Internal quality improvement

Application of Measure in its Current Use

Care Setting

Ambulatory Care

Behavioral Health Care

Physician Group Practices/Clinics

Professionals Responsible for Health Care

Advanced Practice Nurses

Physicians

Psychologists/Non-physician Behavioral Health Clinicians

Lowest Level of Health Care Delivery Addressed

Individual Clinicians

Target Population Age

Age greater than or equal to 18 years

Target Population Gender

Either male or female

Stratification by Vulnerable Populations

Unspecified

Characteristics of the Primary Clinical Component

Incidence/Prevalence

See the "Rationale" field.

Association with Vulnerable Populations

Unspecified

Burden of Illness

See the "Rationale" field.

Utilization

Unspecified

Costs

Unspecified

Institute of Medicine (IOM) Healthcare Quality Report Categories

IOM Care Need

Getting Better

Living with Illness

IOM Domain

Effectiveness

Data Collection for the Measure

Case Finding

Users of care only

Description of Case Finding

Patients with a diagnosis involving bipolar disorder: International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) or Diagnostic and Statistical Manual of Mental Disorders, Fourth Revision, Text Revision (DSM-IV-TR): 296.0x; 296.1x; 296.4x; 296.5x; 296.6x; 296.7; 296.80-82; 296.89; or 301.13

Denominator Sampling Frame

Patients associated with provider

Denominator Inclusions/Exclusions

Inclusions

Patients 18 years of age or older with an initial diagnosis or new presentation/episode of bipolar disorder

AND

Documentation of a diagnosis involving bipolar disorder; to include at least one of the following:
Codes 296.0x ; 296.1x; 296.4x; 296.5x; 296.6x; 296.7; 296.80; 296.81; 296.82; 296.89; 301.13
documented in body of chart, such as a pre-printed form completed by a clinician and/or codes
documented in chart notes/forms

Diagnosis or impression documented in chart indicating bipolar disorder

Use of a screening/assessment tool for bipolar disorder with a score or conclusion that patient has
bipolar disorder and indication that this information is used to establish or substantiate the
diagnosis

Exclusions

Unspecified

Relationship of Denominator to Numerator

All cases in the denominator are equally eligible to appear in the numerator

Denominator (Index) Event

Clinical Condition

Encounter

Denominator Time Window

Time window is a single point in time

Numerator Inclusions/Exclusions

Inclusions

Documented assessment for use of alcohol and chemical substance use; to include at least one of the
following:

Clinician documentation regarding presence or absence of alcohol and chemical substance use
Patient completed history/assessment form that addresses alcohol and chemical substance use that
is documented as being noted/acknowledged by clinician performing the assessment
Use of screening tools that address alcohol and chemical substance use

AND

Timeframe:

Documentation of the assessment for alcohol and chemical substance use must be present prior to, or
concurrent with, the visit where the diagnosis and/or treatment plan is first documented.

Exclusions

Unspecified

Measure Results Under Control of Health Care Professionals, Organizations and/or Policymakers

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

Numerator Time Window

Encounter or point in time

Data Source

Administrative data

Medical record

Level of Determination of Quality

Individual Case

Pre-existing Instrument Used

Alcohol Use Disorder Identification Test - Consumption (AUDIT-C): Brief self-report tool for alcohol use (available at www.cqaimh.org/stable.html)

CAGE-AID Drug and Alcohol Screen (Cut-down, Annoyed, Guilty, Eye-opener - Adapted to Include Drugs): Brief self-report tool (available at www.cqaimh.org/stable.html)

Computation of the Measure

Scoring

Rate

Interpretation of Score

Better quality is associated with a higher score

Allowance for Patient Factors

Unspecified

Standard of Comparison

Internal time comparison

Evaluation of Measure Properties

Extent of Measure Testing

The STABLE measures were developed using the RAND Appropriateness Method and have been

shown to have content validity and face validity.

Data feasibility testing was performed to determine the availability of the data elements required in the measure numerator and denominator specifications.

Inter-abstractor reliability testing was performed to assess the data collection strategy. The data collection strategy included data collection forms; data dictionary references and abstractor instructions.

A field study was conducted to determine measure conformance in an appropriate convenience sample.

Refer to the references listed below for further information.

Evidence for Reliability/Validity Testing

STABLE performance measures: data feasibility testing & results. Boston (MA): Center for Quality Assessment and Improvement in Mental Health; 2007. 2 p.

STABLE performance measures: development process & validity ratings. Boston (MA): Center for Quality Assessment and Improvement in Mental Health; 2007. 3 p.

STABLE performance measures: field study process & conformance findings. Boston (MA): Center for Quality Assessment and Improvement in Mental Health; 2007. 3 p.

STABLE performance measures: inter-abstractor reliability testing & results. Boston (MA): Center for Quality Assessment and Improvement in Mental Health; 2007. 2 p.

Identifying Information

Original Title

Bipolar disorder or depression: assessment for substance use.

Measure Collection Name

Standards for Bipolar Excellence (STABLE) Performance Measures

Submitter

Center for Quality Assessment and Improvement in Mental Health - Clinical Specialty Collaboration

Developer

STABLE Project National Coordinating Council - Clinical Specialty Collaboration

Funding Source(s)

AstraZeneca LLP, Wilmington, Delaware, provided financial sponsorship for the STABLE Project. They did not otherwise participate in the development of either the measures or toolkit.

Composition of the Group that Developed the Measure

The STABLE [National Coordinating Council \(NCC\)](#) was comprised of national experts in bipolar disorder, psychiatry, primary care, and performance improvement. The NCC guided and directed the STABLE Project. NCC members agreed to serve with the understanding that the STABLE Performance Measures and Resource Toolkit would be fully transparent and available without cost in the public domain.

[EPI-Q, Inc.](#) , is a consulting company providing practice-based outcomes research, pharmacoeconomic studies, and quality improvement services. EPI-Q managed the STABLE Project.

Financial Disclosures/Other Potential Conflicts of Interest

Unspecified

Endorser

National Quality Forum - None

Adaptation

Measure was not adapted from another source.

Release Date

2007 Jan

Measure Status

This is the current release of the measure.

The STABLE Project National Coordinating Council reaffirmed the currency of this measure in November 2010.

Source(s)

STABLE (STAndards for BipoLar Excellence) performance measures. Boston (MA): Center for Quality Assessment and Improvement in Mental Health; 2007. various p.

Measure Availability

The individual measure, "Bipolar Disorder or Depression: Assessment for Substance Use," is published in "STABLE (STAndards for BipoLar Excellence) Performance Measures." This document is available in Portable Document Format (PDF) from the [Center for Quality Assessment and Improvement in Mental Health \(CQAIMH\) Web site](#) .

Companion Documents

The following is available:

STABLE National Coordinating Council Resource Toolkit Workgroup. STABLE resource toolkit. Boston (MA): Center for Quality Assessment and Improvement in Mental Health; 2007 Mar. 67 p. This document is available in Portable Document Format (PDF) from the [Center for Quality Assessment and Improvement in Mental Health \(CQAIMH\) Web site](#) .

NQMC Status

This NQMC summary was completed by ECRI Institute on January 10, 2008. The information was verified by the measure developer on April 14, 2008. The information was reaffirmed by the measure developer on November 1, 2010.

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